Adfam
Families, drugs and alcohol

Working with grandparents raising their grandchildren due to parental substance use

Learning from Adfam's Grandparent Carers Project

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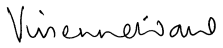
Foreword

Adfam is committed to supporting all families, and this means all the different individuals and relationships within them too – including children, siblings, partners, friends, parents and, of course, grandparents.

Grandparent carers make a huge but little recognised contribution to reducing the harms caused by drugs and alcohol in our families and communities. The purpose of this guide is to help anyone who comes into contact with grandparents – including social workers, drug and alcohol treatment staff, doctors and family support groups – to recognise how to work with these carers and understand the issues they face on a daily basis.

Not only can families be a key source of recovery capital for people trying to overcome their addictions, but they are often the ones who step in to support children affected by parental drug and alcohol use. It is vital that those families picking up the pieces and working to improve outcomes for children are properly supported in this role: if they cannot continue to look after their grandchildren these children may well end up in the care system - with all the significant costs that this entails – where outcomes are significantly less positive.

It is not easy for people suddenly to start working with a client group they have not engaged with before. We hope that by raising awareness of the obstacles faced by grandparents in accessing support – and by drawing attention to the variety of good work already being done in this area – we can help to build a better future for grandparents raising their grandchildren.



Vivienne Evans OBE
Chief Executive, Adfam

Introduction

This guide offers advice and suggestions to support service providers to deliver effective services to grandparents who are carers for their grandchildren due to parental substance misuse. It draws heavily on the work of Adfam's Grandparent Carers Project, a programme of work funded by the City Bridge Trust between 2008 and 2011. Following on from Mind the Gap (2005-2008) the project's overall aim was to develop and improve services for grandparent carers through:

- Raising awareness of the issues faced by this group;
- Developing programmes and methods of support through seminars and workshops for carers;
- Developing awareness, understanding and skills of the existing workforce who come in to contact with grandparent carers through their work.

Within this project grandparents with a range of circumstances participated in consultations and focus groups, including full time carers of grandchildren, part time or informal carers, those currently fighting for access to grandchildren, former carers whose grandchildren have returned to their parents' care, widowed grandparent carers, divorced grandparents, and couples.

Key figures: why is kin care important?

- 250-350,000 children are affected by their parents' drug use, and 705,000 children are living with dependent drinkers;
- Nearly half of grandparent carers are looking after children because of parental drug/alcohol use;
- 77% of grandparent carers are involved in legal proceedings when taking on care of a child;
- 68% of carers say they did not receive the help or support they needed from social services;
- 6 in 10 grandparent carers have a disability or chronic health condition;
- The average cost of the adoption process is around £35,000;
- The cost of a child in care can be up to £56,000 per year, and if outcomes are poor then further costs are incurred by the state (e.g. welfare payments or offending behaviour);
- £1.6bn is spent on children in care each year.

Sources:

Adoption and the inter-agency fee –University of Bristol/Loughborough University, 2009

Family and Friends Care: What if we said no? – Grandparents Plus, 2010

Hidden Harm – Advisory Council on the Misuse of Drugs, 2003

In loco parentis – Demos, 2010

Swept under the carpet: children affected by parental alcohol misuse – Alcohol Concern/The Children's Society, 2010

Update to the cost of foster care – Fostering Network, 2010

The barriers and challenges faced by grandparents

Research typically finds that grandparents bringing up the children of substance users face many complex difficulties in their own lives, and tend to place their own needs behind those of both their grandchildren and the substance using birth parent.

For effective practice it is very important that workers are aware of the issues, worries and difficulties that grandparent carers face. Examples of the difficulties they face fall under three interlinking themes:

- **Practical guidance**
- **Relationship support**
- **Health and quality of life**.

1. Practical guidance

Grandparent carers have to juggle many different issues and responsibilities, often in areas they haven't encountered previously.

Financial

- Cost of bringing up a child at a time when income is often reduced e.g. in retirement or due to the need to give up work (evidence suggests around one third do, or at least reduce their hours);
- Money spent on grandchildren rather than self;
- Potential depletion of capital/savings set aside for retirement;
- Often grandparents are unable to claim child benefit – perhaps because of fear of conflict with the parent – as well as tax credits and housing benefit.

> "The money just goes nowhere now he is nearly a teenager. He wants all those extras his friends have and football and all this."

Time

- Difficulties of juggling employment and childcare.

Legal

- Difficulties navigating through legal processes involved in care proceedings, residence orders, guardianship etc.
- Costs of legal processes.

"We had no choice. It's a terrible thing to have to take your daughter to court because she can't look after her own child."

Housing

- Often not enough rooms in the home for grandchildren, particularly as they become teenagers (with reports of older teenagers sharing bedrooms with their much younger siblings or other relatives);
- Lack of privacy due to overcrowding;
- Costs of larger accommodation, as well as household goods;
- Difficulties accessing council accommodation.

Statutory services

- Fear of children being taken into care;
- Lack of resources around statutory services;
- Feeling pressured to take on the responsibility of the grandchildren or being seen as 'the easy option' for housing a child;
- Having to 'fight' for their rights.

Drugs and alcohol

- Coping with substance using behaviour, such as having property stolen by the user and being pressured for money;
- The impact of the substance user going to prison or into rehab e.g. the psychological impact on parent and grandchildren, cost, demands of visits, and reduced access for grandchildren to their birth parents.

"Drugs are not a word I want to be using around my grandson at the moment."

2. Relationship support

As well as juggling many different practical considerations, grandparent carers also find themselves in the middle of various complex relationships.

Parenting the child of a substance user

- Grandchildren's social and emotional issues, such as sense of rejection, abandonment and loss;
- Concern over the potential for neurological damage to unborn grandchildren due to parental alcohol or drug use e.g. foetal alcohol syndrome;
- Grandparents' concern over the children's potential for future drug and alcohol use;
- Grandparents report worrying over what would happen to the grandchildren if they (as grandparent carer) died or were unable to parent. This could also be a concern experienced by the grandchildren themselves;
- Conflict with the parents or grandchildren over contact, for example grandchildren not wanting to see their parent; parent not wanting to see the children; either party failing to show up for scheduled contact; birth parent(s) fighting grandparents for parental responsibility; grandchildren's desire for contact with parent(s) when this is deemed unsafe by the grandparent;

"Bringing up a child this time is very different to when you brought up your own children. My grandchild seems to be born with something that makes him get into trouble and not listen to me. It's no good shouting – you have to be patient and show lots of love. It is so tiring trying to get him to see what is right and what is wrong. He seems to do things differently to the others of his age at school – it's as if he doesn't care."

- Grandchild at greater risk from bullying at school and associated problems;
- Potential for familial problems to negatively impact upon child's educational attainment;

"My granddaughter sees a psychotherapist because of all the things that have gone wrong with her since she was born with foetal alcohol syndrome. The therapist says she is trying too hard to please – she has lost her mum and now her gran; she wants to love so people won't leave her."

- Substance misuse issues may be part of a bigger picture of domestic problems e.g. domestic violence, bereavement, family breakup, employment and criminal justice issues;
- Complex family dynamics with shifting family roles: grandparents become parents again (and are often

parenting children and grandchildren at the same time); parents become children;

- Even when the birth parent is absent, their drug use still impacts upon family dynamics;
- Grandparents' uncertainty about what and how much the grandchildren know about the family situation and dilemmas over what they should and should not be told;
- Children's early exposure and socialisation into illegal drug use and criminal activity;
- Inter-generational conflict e.g. pressures from grandchildren for branded clothing and social activities with peers which are unfamiliar territory for grandparents.

Grandparents' relationship with their birth children

- The substance using parent may blame the grandparent and their upbringing for their substance misuse;
- Grandparents will often feel used, conned and kept in the dark by the user;
- Grandparents experience shame and guilt at not being a good enough parent: 'how could I have brought up somebody who puts drugs before their own children?' or 'what have I, as a role model, done wrong that my child uses drugs?' and so on;

"My daughter is very aggressive and I have to call the police when she comes round. The kids see all this – it has to make them feel bad – my 10½ year-old grandson is acting like a 16 year old…he has seen so many bad things. My grandchild is eight years old and she is suicidal; she took a knife to kill herself and is very disruptive at school. I try to stop her but she says, 'you're not my mother!"

- Concerns that others (such as friends, neighbours, social workers and professionals) will blame them for the state of affairs;
- Guilt may lead to overcompensation with grandchildren;
- Grandparent often still 'parents' the adult substance user;
- The substance user can resent grandparents for bringing up their children;
- Despite the problems, grandparents are often keen to maintain a bond between birth parent and their child, and may hope that they rejoin each other at some point;
- Drug and alcohol professionals have reported fears of parents giving up motivation to come off substances if they think their children won't ever return to their care.

"Why do social services trust the mother? I have brought him up since he was in intensive care being detoxed just two hours after being born. The legal profession, the social workers, and the health workers, they all go for the parents but they don't know them as I do. I gave birth to her – I know she won't stay clean. "

Contact

- Potential difficulties in managing contact in a way that is safe for grandchild(ren);
- Potentially divided loyalties between substance user and grandchild(ren) and switch in loyalties – that is, grandparents' loyalties once laid primarily with the parent and now their priority is the grandchild;
- Potential pressure from social services to arrange or deny contact that the grandparent doesn't perceive to be best for the child.

Relationships with other family members

- The relationship between grandparents can be difficult when differences arise between them regarding caring for the grandchildren. This is often exacerbated when one grandparent is not the birth parent of the substance user (i.e. a step-grandparent);
- The substance users' siblings are sometimes resentful of the time, energy and attention given by the grandparent to the user;
- Other family and romantic relationships often break down, fragment or 'take sides' when there is substance use;
- Grandparent carers often agonise over whether they are doing the right thing by caring for their grandchildren;

"Our grandson is 11 but he used to live with his other gran. He fell out with her son and so came to stay with us. The other gran hands over the child benefit because we have not told social services and she has the residence order. Her daughter came to stay after rehab but started using again. Now they are not in communication – she wants to help her but knows she must help herself. She does not want her son to see her like that. I don't know how to tell him about what is happening with his parents; his dad was in prison for six years. "

Relationships with friends

- Isolation - friends are unlikely to be in the same situation, and grandparent carers often lose contact;
- Typically grandparents have reduced money for socialising at a time when their peers often have more;
- Little or no energy for socialising, often choosing to spend any free time alone.

Poor support network

- Adult children and grandchildren are not available to support the grandparent in the same way as a family unaffected by substance use;
- Stigma and shame associated with approaching others for support;

- Feeling uncomfortable around parents of other children, as they are often much older;
- Feeling stigmatised by links to substance use;
- Feelings of extreme isolation stemming from the above.

> "I've got a residence order and social services just won't help. I have hurt my leg and can't get down the stairs so he can't go to nursery and due to being disabled I am sleeping downstairs so he can't play either. Here we are protecting the young and have no help at all. There is a nice parent and toddler group but they are all so young – they are nice to me but I don't fit in, I just go there for him. "

3. Health and quality of life

Life as a carer can take its toll on grandparents, and they can suffer physical and mental health complications as a result.

Physical health

- The physical demands of bringing up a child in later life;
- The impact of deteriorating health on their ability to care for grandchildren;
- Disability – in some cases this may be severe;
- Sleep disturbance.

> "I am in terrible debt due to the lack of money in the first three years. I have been trying to move for over two years because of my daughter's harassment of me. She has severe mental health problems and has been in prison. I have suffered tremendous stress and have many health problems. "

Mental health and emotions

- Pain, loss and bereavement, including lost hopes and expectations for the substance using children;
- Loss of retirement plans or loss of career;
- Grieving for a child who has died through substance use and delaying or inhibiting grief to care for grandchildren;

- Anger and resentment at the substance user and the consequences of their actions;
- Stigma, shame and guilt of being the parent of a drug user, often compounded by children's involvement in the criminal justice system (e.g. stresses of visiting prison), mental health difficulties, possible sex work, etc.;
- Intense emotions - depression, stress, anxiety and desperation;
- Emotions can be somatised i.e. physical illness triggered by emotions;
- Feelings of isolation.

Clearly there are diverse emotions involved in grandparent kinship care, with evidence suggesting a complex mix of love, obligation and desire to keep the child within the family. It is important to highlight that grandparents also commonly report **a sense of pride** in bringing up their grandchildren: they are glad their grandchildren are loved and valued, that they can provide them with moral guidance, cultural connection and identity, security, love and routine; consider themselves to be the next best thing to being brought up by birth parents; experience feelings of relief at knowing grandchildren are now safe; and have fun bringing up their grandchildren.

Finally, work with the children themselves shows that one of the biggest fears faced by these grandchildren is being separated from family/parents/siblings and being placed into the care system.

What grandparents want and need from support services

Below are examples of what grandparents have told Adfam they would like from services, so that they may feel confident to engage:

- Empathy and understanding of the reality of their situation;
- Not to be viewed as simply a 'placement' for a child 'at risk', but for the needs of the whole family to be seen;
- Recognition of their needs and not just those of the grandchildren and/or the substance using birth parent;
- Encouragement to ensure these needs are met;
- Empowerment to cope better e.g. regular respite care (including time away from grandchildren but also activities and holidays that they can do with their grandchildren), information, referral to services, etc;
- Assurance that the grandchild won't be put into care unless absolutely necessary;
- Confidentiality;
- Reliability;
- Being properly informed about what is happening, such as during care proceedings;
- A non-judgemental attitude;
- One key worker across all relevant agencies;

"All through her own and her family's life there never seems to be any one person who can help. Social workers change all the time and each time they do you have to start all over again. "

- The opportunity to share as part of a support group;

Good practice in action:

- 'What About Me?' (WAM) is a service in Nottinghamshire that mainly provides one-to-one sessions with children aged 5–11 years affected by substance misuse in the family. Services include mentoring, child and family therapy and play therapy.

- Accurate and honest information, advice and referral to organisations that can help with benefits and money matters, the law, housing, drugs and alcohol;
- Support, guidance and financial help, parallel to what foster carers receive. (Note that relatively minimal efforts are also greatly appreciated, such as getting a washing machine or funding for school uniform);
- Training, mediation or counselling to cope with the behaviour of the substance user (including harm minimisation advice), family breakdown and unhealthy dependency;

- Training, guidance and support to parent a grandchild coping with separation from a substance using parent, including drug prevention; coping with bullying; managing access by birth parents to grandchildren; and psychosocial support for the grandchild coping with separation;
- One-to-one or group support to cope with the emotional impact of the situation and adjusting to being a parent again. This may be through peer support, formal professional help such as a support worker and counselling, or informally, such as a 'listening ear' from a worker;
- To have a consistent, constant social worker;
- Help with rebuilding their social life with peers who understand their situation;
- A sympathetic and informed doctor;
- Respite, which may be anything from one evening per month childcare provision through to holidays away, and which should include both activities and time *with* grandchildren as well as respite away from them;
- Social activities with other grandparents and grandchildren;
- Help with childcare;
- Information on domestic violence and how to keep themselves and their grandchildren safe.

Note that grandparents are usually unaware of the limitations on services, such as a vast workload, legal obligations (including those relating to confidentiality), budget constraints, and so on. In addition, many professionals regret not having the time or budget to help their clients more. It is helpful to inform grandparents from the outset about these factors.

Social work support

Grandparents, even when formally assessed as foster carers, receive less training and support than non-kinship carers. Often they have no link worker. Some kin carers want more support and involvement from social workers, and this could be particularly true in the case of carers from ethnic minorities.
Kinship carers who report wanting better access to social work support ask for:

- Their own social worker, in addition to the child's;
- More visits;
- Access to a named social worker in case of a crisis.

Training for grandparents

For some grandparents, parenting and communication skills may be important, and research shows that this can help family members communicate better and reduce the likelihood of teenagers getting involved in problematic drug use. Research also shows that where

young people develop serious problems with drugs, the involvement and support of parents and families can contribute greatly to improved outcomes.

Other grandparents may want practical skills such as computer training. This can increase their self-confidence as well as build common ground between the grandchildren and themselves. The differences in circumstances and attitudes of kinship carers mean that generic training programmes are difficult to devise. Studies suggest that effective training needs to:

- Reflect the changing experiences of grandparents, build on their strengths and help them to identify their own learning needs;
- Respect the different ways people might wish to use training. Materials need to be deliverable in different ways, including one-to-ones with social workers;
- Empower grandparents. Mentoring rather than training may be useful as this implies a more enabling role. Good practice may involve local authorities training experienced carers to mentor new carers.

Good practice in action:

- Adfam offers various training courses for family members (as well as professionals);
- The Family Rights Group has produced a training pack, 'Here We Go Again', for grandparent carers. This is an eight-week support programme designed for grandparent carer support groups, with notes and exercises for facilitators and handouts for participants. The materials are also of benefit to grandparents who are raising their grandchildren but who are not in a support group. The course covers the legal, practical and emotional issues affecting grandparent carers and their grandchildren, such as special educational needs, financial options and relationships with other members of the family. Free for carers and £90 for professionals;
- Grandparents Plus has a training course for grandparents raising grandchildren as well as for social workers and other practitioners working with grandparents raising their grandchildren.

Overcoming the obstacles: making your service accessible

Whilst grandparents can be seen as 'hard to reach' for the reasons noted previously, many services are hard for grandparents to reach too. Below are some ideas about how services can be more accessible.

Awareness and image

- Being aware of assumptions and preconceptions about grandparent carers (e.g. that 'it's their fault', or 'they're bad parents') and interrupting them, rather than following them;
- Being aware of the difficulties grandparents face and having appropriate help and referrals to meet their needs;
- Setting up a referral pathway through users in treatment - for example, asking substance users in treatment or prison whether they would like their family to receive help too. For those who consent, writing to their family and following this up with a phone call after a week or so;
- Having a grandparent-friendly atmosphere, with posters that depict people who are older, older members of staff, becoming aware of and interrupting ageist attitudes, challenging other judgements about grandparents bringing up the children of substance users and remaining aware of inter-generational differences and issues;
- Posters and leaflets in public places where family members are likely to see them, such as GP surgeries, prison visitors' centres, courts, schools, citizens' advice bureaux, post offices and drug and alcohol treatment centres. Posters need to be simple and eye-catching, and need to take account of other family members' attitudes to the situation. Note that the service is confidential and use less direct messaging such as, 'Are you concerned about someone else's drug use?';
- Engaging with families who **do** access your service. Ask these families what obstacles your service may have inadvertently put in their way and ask what it was that worked that meant that they did engage. Do more of 'what works' and constantly review and get feedback on this.

Flexibility

- Outreach work, for example having a session at a prison visitors' centre or at a court. For outreach to work, workers need to take the initiative and introduce themselves and their services to people;
- Be flexible with *how* to engage with families. Due to the chaos in many families' lives they can be put off by typical structures like a 50-minute counselling session at the same time every week. Meet (and communicate with) them when and where *they* are available: for example, in a cafe, in their

own homes, over the telephone, or by email. Once a trusting relationship is established they will probably be more willing to engage in a structured way, such as through a group or regular sessions;
- Being flexible regarding *when* and *where* help is offered - for example by making telephone support available outside office hours, or offering home visits;
- It is important that staff persist and do not give up on clients.

Roles and skills

- Multi-disciplinary working e.g. engaging with other teams who come into contact with grandparents, such as drug and alcohol workers, GPs, court staff, prison visitors' centre staff, etc.;
- When someone initiates first contact with a service it is important to normalise their situation in order to start building a trusting relationship and demonstrate your effectiveness to encourage them to come back;
- Use empathic skills to imagine what it is like to be a family member in need of help in your area, and what would help them to engage. Use your empathy and creativity to devise new ways of publicising your service and keep your mind open to new places to do this;
- It is important that workers have absolute clarity on the roles and responsibilities each staff member has with regard to their work with alcohol, drugs and families;
- Staff need to feel supported and goal setting is important.

Counselling

- Some studies have suggested that counselling or cognitive behavioural therapy (CBT) is beneficial for grandparents who are depressed.

Childcare and respite care

- Many studies suggest that respite care should be available for tired and isolated carers. Grandparents would also like help with childcare, holidays and holiday clubs, babysitting and child minding.
- Providing childcare for grandparents may enable them to access services that they otherwise may not be able to.

Family relationships

- Grandparents and grandchildren may want help from social services with relationships with the birth parents e.g.

helping them to arrange access for birth parents to the children;

- Advocacy and mediation may help avoid family conflict in custody and access issues;
- When considering a support plan for children, the wider family need to be involved. Family group conferences bring the child's network together to discuss the problem and plan the solution. They can also ensure that the resources of the extended family are more effectively used for the benefit of the child.

Information and advice

Grandparent carers want improved information and advice on law, benefits entitlements and complaints systems; however they may not want to ask for help from social services because they dislike the intrusion, or worry that it implies they can't cope.

- Kinship carers want access to the information and guidance that foster carers receive e.g. on parental responsibility, discipline, medical treatment, holidays and babysitting;
- Kin carers also want to know what foster carers are entitled to in terms of financial aid and legal benefits;

The Government's minimum allowances for foster carers are:

Year	Babies	Pre-primary	Primary	Secondary (11-15)	Secondary (16-17)
2010-11	£109	£111	£122	£140	£164

NB this is the base rate – the minimum allowances are slightly more in the South East and London. These are **minimum** levels and actual amounts will vary widely, depending on factors such as area.
Source: Department for Education/Directgov

- Try to make sure information is available in accessible formats e.g. for people who do not have internet access, are not literate or whose first language is not English;
- Grandparents report that they would like guidance on how to help their grandchildren with their cultural identity;
- Because of having to take over after a family crisis, assessments for grandparents often take place when the children are already living with them; they don't receive the kind of information and training foster carers do prior to selection. Some grandparents feel that procedures developed for 'stranger' carers don't properly take account of their circumstances.

Good practice in action:

- **Hampshire** and **Plymouth** produced an information pack for grandparents considering taking on the care of their grandchildren, including information on financial rights and legal issues. In Plymouth the welcome pack includes information on the format of assessments, timescales and the kinds of checks and references required;
- Plymouth also has a monthly advice surgery involving an independent lawyer, a benefits specialist, a social worker, a manager and a grandparent carer.

Good practice in action:

Some local authorities have special arrangements for kinship foster carers:

- **Hampshire** has a separate assessment form for family and friends carers;
- **West Berkshire** has a 'fostering approval panel' especially for friends and family;
- **Plymouth** City Council has developed a framework for family and friends carers and there is a clear statement in the Children's Services Plan about the council's position in respect of grandparents and other relatives.

Training for staff

The difficulties experienced by grandparent carers may reduce if social workers are specifically trained to deal with kinship carers.

There are additional difficulties for grandparents where drug and alcohol agencies are concerned. Specialist services working with substance users may be adult-focused and may not be specialists in childcare and child protection - as such they may have a different view on confidentiality and sharing information.

Good practice in action:

- The British Association for Adoption & Fostering (BAAF) and Grandparents Plus both offer training courses on kinship care for practitioners;
- The Family Rights Group runs training courses in family group conferencing (FGC) for social workers;
- The Grandparents Association is developing a mediation scheme in London, and one of their national projects provides grandparents with a professional, independent supporter to help them negotiate with social services departments about the care and welfare of young relatives.

Adfam also offers various training courses for professionals.

Safeguarding children

Outcomes for children cared for by their grandparents are usually better than alternative arrangements such as foster care or residential children's homes. However, for the children of substance users the situation is complicated by the effects of the substance use and associated behaviour - for example when the grandparent is caring for the substance user as well as the grandchildren, and is therefore unable to prioritise the needs of the grandchildren over those of the substance user; or where there is domestic abuse from the substance user to the grandparent or grandchildren.

In circumstances like these the grandparents may not always be the best carers for the children.

Below is an introduction to safeguarding the children of substance users.

1. Protecting a child from harm has to be the paramount concern of all services and agencies, including those working with adults. Section 11 of the Children's Act (2004) places a statutory duty on a range of organisations, including both children's and adult services which come into contact with children, their parents and family members, to make arrangements to ensure that their functions are discharged, and having regard for the need to safeguard and promote the welfare of children.

2. All services involving work with families (including those working with adult family members) need to ensure that their Local Safeguarding Children Board's safeguarding procedures are followed at all times. Staff must be trained in the use of these procedures and clear written protocols should be in place which make it explicit to staff that referrals should be made to children's services when a child is suspected of suffering significant harm. Verbal referrals should be confirmed in writing within 48 hours.

3. Support offered by workers where a child is the subject of a child protection plan does not affect the children's services social worker's role as lead professional for a child within the family, and in particular:

    - The children's services social worker needs to form a judgment about the involvement the worker can make in contributing to the implementation of a child protection plan for an individual child;
    - Workers should only provide support to vulnerable families where children's services are satisfied that this is in the interest of the children within these families.

Workers' responsibility to safeguard children

All workers have an obligation to be familiar with - and to follow - both their organisational child protection policy and their local child protection policies. In addition, they need an appreciation of what can happen when services do not work well together to avoid the consequences of that.

Child protection procedures operate if the child is suffering or is likely to suffer significant harm, and that the harm or likelihood of harm is attributable to a lack of adequate parental care or control (Section 31 of the Children Act 1989).

"There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of both acute and long standing significant events which interrupt, change or damage the child's physical and/or psychological development. Some children live in family and social circumstances where their health and development are neglected. For them it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and support."[1]

Common pitfalls for workers

There are 13 factors identified which health professionals do not always take into account sufficiently when assessing risk to children[2]. These are:

- Minimisation of historical events;
- Over-reliance on recent progress;
- Sudden change of view in the care team;
- Extraneous factors, not openly recognised;
- Infrequency and/or discontinuity of assessment;
- Non-verification of statements by patient and/or others;

[1] HM Government (2010), *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*

[2] POTTS, J. Assessment and Management: a Home Office perspective. In *Psychiatric Patient Violence Risk and Response* (ed. Crichton), pp. 35–93 (1995).

- Not taking account of evidence contrary to patients' assertions;
- Not recognising patient manipulation and consequent staff discord;
- Lack of thorough investigation and assessment of assertions of "insight" and "remorse";
- Lack of openness between those involved in the patient's care and treatment;
- Discounting information if not supportive of the outcome hoped for;
- Self expectation of being decisive and successful;
- Avoiding confrontation with the patient.

What to do if you are concerned for the safety of a child

These are the type of questions workers need to keep in mind:

- Is the child receiving adequate and consistent care?
- Are the grandparent/parent(s) meeting the child's physical, emotional, social, intellectual and developmental needs?
- Is the child's home a safe place?
- Is appropriate medical care sought for the child when required?
- Are there substance using adults in the household?
- Does parental substance misuse involve them in other activities, for example selling drugs, prostitution and/or offending?
- Are there a lot of strangers in the house as a result of substance misuse?
- Are sufficient finances available to ensure the child's needs are met?
- Does the child attend nursery/school regularly?
- Do the child and grandparent/parent have a positive relationship?
- Is there an absence of supportive family members or other support networks?
- Are the grandparents/parent(s) placing their own needs above those of the child?
- Is there a history of poor parenting?
- Are there other factors which may increase risk e.g. domestic violence?
- For unborn babies, has appropriate antenatal care been sought?
- Is the child given inappropriate responsibilities in the home, for example, self care, parental responsibilities, childcare for siblings and managing household chores?
- Are the children frightened of their parent/s or witnessing/experiencing frightening situations within the

home, for example severe mood swings or domestic violence?
- Do the grandparents/parent(s) deny that substance use is a problem for themselves and their children?
- Are there clear and appropriate boundaries within the home?

Clarification of concerns

First, consideration must be for the immediate needs of the child. Appropriate action must be taken to meet these e.g. comfort, intervention to protect, medical attention or removal of child from danger. Once this is achieved, workers should clarify concerns with others (for example their line manager).

Action plan

- Agreement with manager on best course of action made with clear reference to child protection policies and a timescale;
- Accurate notes of concerns and actions with times and dates;
- Decision on whether referral to social services is necessary;
- If a referral is made, communicate concerns clearly and share action taken;
- Ensure plan of action is agreed with social services.
- Make clear notes about this conversation.

Medical attention and police involvement

- If the child needs medical attention this should be organised by social services unless the case is 'life and limb', where immediate action should be taken;
- Any decision to involve the police or police child protection team should be made by social services.

Support

- Keep parents and children clearly informed about what is happening and what may happen next;
- If there are child protection concerns, consider not only the action that needs to be taken to address these, but what kind of support the grandparent/parent/child may need as a result of any action taken;
- Make space and time for grandparents/parents/children to express how they are feeling about concerns and procedures;

- Seek out time and space to express your own feelings either with your manager or a colleague, and ask for what you need in terms of support to work through the process.

Recording

A full report needs to be written within 24 hours. Record any child protection concerns stating:

- The cause for concern;
- Observations: including relevant conversations (quoting words spoken) and describing any behaviour (taking account of the individual's personality, language and culture);
- Actions taken and by whom.

This document needs to be read by your line manger, agreed upon and signed by them. A copy should also be sent to the named person in social services with whom you have spoken. Follow up must be undertaken to ensure that this document has been received and understood.

Vulnerable adults

Consider whether adults are classified as 'vulnerable'. The government definition of a vulnerable adult is 'anyone who is unable to protect him or herself against significant harm or exploitation', which may include victims of domestic abuse.

NB there is a list of further resources on safeguarding in the 'useful reading' section on page 29.

Safeguarding checklist for drug prevention for grandchildren

The children of substance users are at greater risk of problematic substance use than other children. Grandparents and workers therefore need to be aware of this risk, and grandparents should be supported to prevent problematic substance use amongst their grandchildren. Below is a checklist for good practice researched in the 'Mind the Gap – protecting our grandchildren from drugs and alcohol' project.

Child Protection

- ☐ You have a child protection policy;
- ☐ All staff and volunteers receive training on working within this policy;
- ☐ All service users, including grandparents bringing up their grandchildren, are made aware of the child protection policy.

Drugs and alcohol

- ☐ You have a drug and alcohol policy;
- ☐ All staff and volunteers receive training on working within this policy;
- ☐ All service users are made aware of the drug and alcohol policy;
- ☐ You have information about drugs and alcohol which is relevant to grandparents bringing up their grandchildren and, where possible, available in their mother-tongue.

Referrals

- ☐ You know how to refer children to safeguarding boards;
- ☐ You know where to refer grandparents bringing up their grandchildren for support and advice;
- ☐ The local Drug and Alcohol Action Team (DAAT) is aware of your services.

Monitoring and planning services

- ☐ You monitor the number of grandparents bringing up their grandchildren with whom you work;
- ☐ You ask grandparents bringing up their grandchildren what they think about the services you provide;
- ☐ You use the information gathered to help plan your services;
- ☐ Grandparents bringing up their grandchildren are involved in planning your services.

The experience of a grandparent carer: an in-depth case study

The following case study is the result of an in-depth interview with a grandparent carer. Names have been changed to protect anonymity.

Name: Ruth
Gender: Female
Age: 59
Child cared for: Stephen, aged 7
Employment status: Unpaid employment (voluntary work with a charity that supports kinship carers)
Ethnic origin: White British
Marital status: Widowed
Birth children: 3 male, 1 female, all adults

My daughter was very much into heroin – it was very stressful – she was always ill or overdosing. I was always on the edge – waiting for calls and so on, and three of her boyfriends are dead due to overdose.

She was neglecting her children as a result of her use so I contacted social services and spent some time trying to convince them that they should be placed under my care. It took a very long time for them to actually do anything. Ultimately I managed to get my daughter out from under the power of a very manipulative man and she moved away to a neighbouring area. Initially she managed to get off heroin and succeeded in getting her children back, so I stupidly thought that was it.

I remember we had a social work meeting and they initially asked my eldest son (35 at the time – now 39), who came with me to the meeting, if he was able to care for my grandson. He had to say 'no' as he and his wife work shifts, so I said I would take my grandson on.

I requested a three bedroom property as my adult son was coming to live with us too – I thought he could help out. It didn't happen though, so when a two bedroom property came up I thought I shouldn't turn it down. But of course when I then got care of Stephen it became overcrowded. As a result my 22 year old son had to share a bed with my grandson, who was almost three. It was only after my insistence that they have bunk beds that we were provided with them, and only after I insinuated that it was not legal for a 'looked after child' to share a bed. It is still not ideal though; my son is 6'6 and bunk beds are designed for children.

I started the support group because I was feeling so incredibly isolated – our aim is to support and advise kinship carers. We got some money from Children in Need to take the children on holidays and we have had two Christmas parties and a few days out.

Things really took off on our first holiday two years ago and friendships were formed amongst people once they realised who from the group they got on with the most. I am close to a lady of my age who lives 21 miles away – we talk on the phone a bit. We have totally different lifestyles but we are the same age and are both raising children we didn't expect to be raising, so have that in common.

My daughter really stresses me out when I do see her.

My social life is completely nonexistent – my whole life revolves around a seven year-old now.

I felt isolated and lonely – he was just three when I first had him and so bedtimes were very early, and once he is in bed I cannot leave the house. You get used to not really having a social life.

You don't have the money to do things for yourself.

We were treated so badly as kinship carers – it all usually unfolds out of a crisis and yet you are left to raise the children alone and nobody seems to care. Just because you are related does not mean that you have the provisions, mentally or physically. People often say, 'well it was your choice to take him on' but I don't see that – I didn't see where choice came in to it.

More from Adfam

Training

Adfam offers a range of courses for family members and professionals including a good practice guide to working with grandparent carers. These courses are available on both a commission basis (for 12-20 people) and for individual attendance.

Publications

Adfam's extensive library of publications includes booklets specifically aimed at grandparents and the children of substance users, as well as good practice materials for professionals. Items available to order include:

- Helping your grandchild: what to do if their parents use drugs;
- When parents use drugs;
- Living with a child coming off drugs;
- We Count Too: good practice and quality standards for work with family members affected by someone else's drug use;
- Setting up a Family Support Group.

Consultancy

Adfam's consultancy service for family support aims to build capacity and support local partnerships to address the needs of families. This includes auditing current provision, identifying needs and designing appropriate local responses.

Online

Adfam's website contains a wealth of information for families and the professionals supporting them, including a good practice database, a nationwide map of family support servies and an area detailing Adfam's Grandparent Carers Project.

Workforce development

The Adfam workforce development project is part of the work of the Drug Sector Partnership, which consists of Adfam, Drugscope, The Alliance and eATA. The partnership is funded by the Department of Health and exists to improve working on drugs and alcohol between government and the third sector.

The workforce development project is looking at ways to help support the continued development of a competent and trained family support workforce in the drug and alcohol sector, so that all the hard work carried out by practitioners is recognised and supported.

Further reading and key documents

Policy and context

2010 Drug Strategy: Reducing Demand, Restricting Supply, Building Recovery – Home Office (2010).

Alcohol and other Drugs – Essential Information for Social Workers - McCarthy and Galvani/University of Bedfordshire (2010).

Family and Friends Care: What if we said no? – Grandparents Plus, 2010

Hidden Harm – Advisory Council on the Misuse of Drugs (2003)

In loco parentis – Demos (2010)

Supporting and Involving Carers – A guide for commissioners and providers - NTA (2008)

Swept under the carpet: children affected by parental alcohol misuse – Alcohol Concern/The Children's Society (2010)

Update to the cost of foster care – Fostering Network (2010)

Safeguarding

- Getting Our Priorities Right: Good Practice Guidance for working with children and families affected by Substance Misuse - Scottish Executive (2003)
- Supporting children affected by parental alcohol misuse: An Alcohol Concern Toolkit – Alcohol Concern
- Working with the children and families of problem alcohol users: A Service Development Toolkit - MHRDU in Bath
- Adult drug problems, Children's needs: assessing the impact of parental drug use - NCB (2007)
- Seeing and Hearing the Child: Rising to the challenge of parental substance misuse - NSPCC (2008)
- Building Resilience in Families under Stress: Supporting families affected by parental substance misuse and/or mental health problems - NCB (2009)
- Working together to safeguard children: a guide to interagency working to safeguard and promote the welfare of children – HM Government (2010)

Resource banks

Several organisations produce a whole range of publications around grandparents, kinship care, fostering, adoption and related issues. See the websites below to find what is appropriate.

Grandparents Plus reports including 'Family and Friends Care: What if we said no?', and 'Forgotten Families' (produced with Adfam) address a range of issues affecting grandparents.

Mentor UK has produced several reports and resource packs, including **Mind the Gap** in partnership with Adfam and Grandparents plus, which is designed to assess the needs of grandparent carers so that they can help protect their grandchildren from developing problems with drugs and alcohol; and **Kinship Carers,** a guide for grandparents on their rights and responsibilities.

The **Family Rights Group** has an informative library of downloadable advice sheets on various topics relevant to grandparent carers, including parental responsibility, Family Group Conferences (FGC), family support services, child protection, the care system, residence orders, special guardianship, adoption and finance.

The Grandparents' Association also has a number of factsheets available for download.

Useful organisations

Grandparents as Parents
A campaign group for kinship carers, pushing for changes in policy to better reflect the contribution made by grandparent carers. Includes forums and useful links.
W: www.grandparentsasparents.org.uk

BeGrand.net
An online community for grandparents, including forums, groups, expert advice and information.
W: www.begrand.net

Family Rights Group
Free advice for families when social services are involved with a child in the family.
T: 0800 731 1696
E: office@frg.org.uk
W: www.frg.org.uk

Family Action
Family Action support over 45,000 families every year, tackling issues such as domestic abuse, mental health problems, learning disabilities and severe financial hardship.
T: 020 7254 6251
W: www.family-action.org.uk

Grandparents' Association
Works to improve the lives of children by working with grandparents. Also offers a specialist service in legal advice in both public and private law cases (i.e. when local authorities are involved, or when parents disagree).
T: 0845 4349585
Welfare benefits information: 0844 3571033.
W: www.grandparents-association.org.uk

For a list of local support groups across England please see the Grandparents Association website.

Grandparents Plus
Coordinates a network of grandparents who are raising their grandchildren through a community of grandparents who mutually support one another.
W: www.grandparentsplus.org.uk/network/

Al-Anon Family Groups
Understanding and support for families and friends of problem drinkers, whether the alcoholic is still drinking or not.
T: 020 7403 0888
E: enquiries@al-anonuk.org.uk
W: www.al-anonuk.org.uk

Association of Shared Parenting
The Association for Shared Parenting (ASP) exists to promote the rights of children to the nurture of both parents after separation or divorce and to encourage and support parents in the fulfillment of that right.
T: 01789 751157
W: www.sharedparenting.org.uk

Carers UK
The voice of all carers in the UK. Useful resources on their website.
E: adviceline@carersuk.org
W: www.carersuk.org

Centre for Separated Families
National charity working with everyone affected by family separation in order to improve outcomes for children.
T: 01904 610321
W: www.separatedfamilies.org.uk

Children's Legal Centre (CLC)
Leading experts on laws affecting children.
T: 01206 872466 (advice service Monday to Friday 10-12:30 and 2-5 pm – out of hours service 0845 1203747).
E: clc@essex.ac.uk
W: www.childrenslegalcentre.com

Children's and Family Court Advisory and Support Service (CAFCASS)
Cafcass looks after the interests of children involved in family proceedings.
T: 0844 353 3350
E: webenquiries@cafcass.gov.uk
W: www.cafcass.gov.uk

Citizens' Advice Bureau
The citizens' advice service helps people resolve their legal, money and other problems by providing free information and advice.
T: 020 7833 2181 (for referral to local branches and to answer basic questions).
W: www.nacab.org.uk

Contact a Family
UK wide charity that provide advice, information and support to the parents of all disabled children.
T: 0808 808 3555
E: helpline@cafamily.org.uk
www.cafamily.org.uk

Daycare Trust
Provides information about childcare including a childcare hotline providing information and advice for parents.
T: 020 7840 3350
W: www.daycaretrust.org.uk

Families Anonymous
Self-help support groups for families of drug users.
T: 0845 1200 660
W: www.famanon.org.uk

Homestart
Supports parents who are struggling to cope for a variety of reasons.
T: 0800 068 63 68
W: www.home-start.org.uk

INQUEST
A charity that provides a free advice service to bereaved people on contentious deaths and their investigation, with a particular focus on deaths in custody.
T: 020 7263 1111
E: inquest@inquest.org.uk
W: www.inquest.org.uk

National Association of Child Contact Centres (NACCC)
Child contact centres are places where children of separated families can spend time with one or both parents and sometimes other family members. Includes a network and support.
T: 0845 4500 280.
E: contact@naccc.org.uk.
W: www.naccc.org.uk

National Association for Child Support Action (NACSA)
Grassroots agency dealing with issues around the child support system.
W: www.nacsa.org.uk.
E: enquiries@nacsa.co.uk

National Debtline
Free confidential advice on any debt issue.
T: 0808 808 4000
W: www.nationaldebtline.co.uk/

Princess Royal Trust for Carers
Legal rights, factsheets, sources of support and information for carers.
T: 0844 800 4361
E: info@carers.org
W: www.carers.org

Resolution
Provides lists of local solicitors experienced in family law work.
T: 01689 820272, or 0345 585671 (charged at local rate).
E: info@sfla.co.uk
W: http://www.resolution.org.uk

Additional information 1:
Family Group Conferences

Every family is unique, with its own culture, personalities, personal dynamics and history. All families come up against problems from time to time. Some more difficult situations involving children can be resolved more easily with help from relatives and friends, and some may also need help from health services, education departments, social services, or other agencies. Family Group Conferences (FGCs) give families the chance to get together to try to make the best plan possible for children. The decision makers at a family group conference are the family members, not the professionals. It is here that the mother, father, aunt or grandfather gets together with the child or young person and the rest of the family to talk, make plans and decide how to resolve the situation.

Family Group Conferences (FGCs) can have positive effects on the family in a variety of ways, including that large numbers of children (and fathers) are found to attend; most adult family members speak positively of the experience; FGCs can lead to successful outcomes for the family; FGCs can lead to an increase in placements within the family network; they result in less of a time lag in children getting a permanent placement; and children report improved contact with the extended family.

There are also a few shortcomings reported: families do not always receive the resources to implement the plan; FRGs are under used by black and minority ethnic (BME) communities; children have reported that they are not listened to; professionals may feel marginalised, and more particularly, often do not know about the existent of FGCs in the first place.

Whilst there are a few potential shortcomings, overall FGCs are reported to be successful in uniting families in communication.

Information taken from Family Group Conferences: Principles and Guidance – Barnardo's/Family Rights Group/NCH (2002).

Additional information 2:
Special Guardianship and Residence Orders

Changing the official or legal status of a grandparents' relationship with a child can have knock-on effects and carers must weigh up the pros and cons of each option – for example they may be able to change the legal security of the relationship or the level of their parental responsibility, but this could result in changes to the support they are offered to support them, or their financial entitlements may be altered.

The legal status of the relationship is not the only factor describing how 'serious' it is – grandparents are often pragmatic in choosing the best option for them and the children at the time, and applying for orders can be complex, expensive and time-consuming.

Special guardianship orders were introduced as a way of providing a secure, long-term placement for a child in circumstances where adoption is not appropriate or in the best interests of the child. At the simplest level, special guardianship lies somewhere between fostering and adoption in terms of parental responsibility.

Crucially, **special guardianship does not completely remove parental responsibility from a birth parent** but hands over day-to-day decision-making about the child's interests to the special guardian, for example which school they will attend. Special guardians only need to consult with birth parents in exceptional circumstances: decisions that the guardian cannot make without consent of the birth parent might include taking the child to live abroad or putting him/her up for adoption.

Special guardianships are more secure than residence orders (see below) because a birth parent cannot apply to discharge (cancel) it without permission of the courts to do so.

Residence orders also aim to provide security for a child, but parental responsibility is shared with the birth parent(s) so agreement has to be reached on decisions about the child.

Grandparents can also become **foster carers** for their grandchildren. However, foster placements do not give foster carers parental responsibility (PR). There are also **private arrangements** which are as they sound – the local authority is not involved directly and does not provide financial support.

This is only a brief introduction to the complex issues surrounding these orders. More detailed information and links are available from:

Grandparents' Association
Fostering network
Children's legal centre
British Association of Adoption and Fostering